

RECEIVED
CENTRAL FAX CENTER

JUL 16 2007

FAX TRANSMISSION**DATE:** July 16, 2007**PTO IDENTIFIER:** Application Number 10/736,493-Conf. #3812
Patent Number**Inventor:** Kenneth P. Reeve**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP

Lisa Swiszc Hazzard

PHONE: (617) 517-5512**Attorney Dkt. #:** 62900-DIV(71589)**PAGES (Including Cover Sheet):** 14**CONTENTS:** Amendment Transmittal (1 page), including duplicate copy;
Petition for Extension of Time Under 37 CFR 1.136(a) (1 page), including duplicate copy;
Response to Office Action (8 pages);
Charge \$450.00 to deposit account 04-1105;
Certificate of Transmission (1 page).

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 517-5512 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

EDWARDS ANGELL PALMER & DODGE LLP
P.O. Box 55874, Boston, Massachusetts 02205
Telephone: (617) 439-4444 Facsimile: (617) 439-4170

JUL 16 2007

PTO/SB/97 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

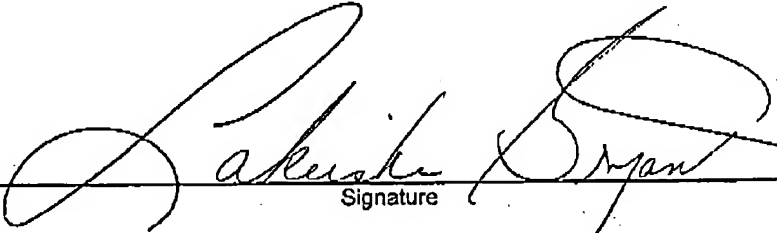
Application No. (if known): 10/736,493

Attorney Docket No.: 62900DIV(71589)

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on July 16, 2007
Date


Signature

Lakeisha Bryant

Typed or printed name of person signing Certificate

Registration Number, if applicable

(617) 439-4444

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

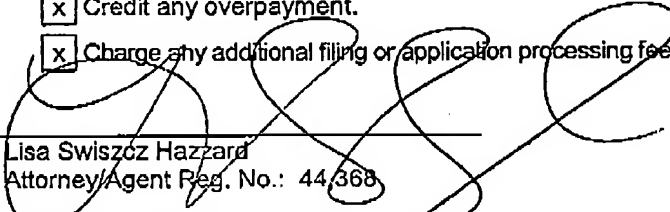
Amendment Transmittal (1 page), including duplicate copy;

Petition for Extension of Time Under 37 CFR 1.136(a) (1 page), including duplicate copy;

Response to Office Action (8 pages);

Charge \$450.00 to deposit account 04-1105.

JUL 16 2007

AMENDMENT TRANSMITTAL LETTER				Docket No. 62900-DIV(71589)	
Application No. 10/736,493-Conf. #3812	Filing Date December 15, 2003	Examiner J. G. Blanco	Art Unit 3738		
Applicant(s): Kenneth P. Reeve					
Invention: DELIVERING AN AGENT TO A PATIENT'S BODY					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	7	- 20 =		x	
Independent Claims	1	- 6 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within second month					450.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					450.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>04-1105</u> in the amount of \$ <u>450.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Lisa Swisocz Hazzard Attorney/Agent Reg. No.: 44,368 EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 517-5512					Dated: <u>July 16, 2007</u>

620597